

REGISTRATION DISTRICT NO. \_\_\_\_\_

Primary Registration District No. 6262

Registrar's No. 82

1. PLACE OF DEATH:

(a) County new madrid  
(b) City or town gideon mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Anderson's  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME WM. FRANK PANKEY

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 2

4. Sex male Color or race white  
6. (b) Name of husband or wife Lilly K. PANKEY  
6. (a) ~~Single~~, widowed, married, 2  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased JUNE 24 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 20 hr. min.

9. Birthplace SALINE CO, ILLINOIS  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name TOM PANKEY  
13. Birthplace Saline Co. Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth ELDERS  
15. Birthplace SALINE CO, ILL.  
(City, town, or county) (State or foreign country)

16. (a) Informant ROBERT PANKEY

(b) Address gideon mo

17. (a) (Burial, cremation, or removal) (b) Date thereof July 15 - 41  
(Month) (Day) (Year)

(c) Place: burial or cremation Burial Mt. Pleasant

18. (a) Signature of funeral director Watkins by J. H. M.

(b) Address Parma Mo.

19. (a) July 15 - 41 (b) Zenda Macon  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County new madrid  
(c) City or town gideon 72  
(If outside city or town limit, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 14  
year 41 hour 12:45 minute 15 M.  
21. I hereby certify that I attended the deceased from 7-13-41  
4:4, 1941, to 7-13-41, 1941;  
that I last saw him alive on 7-13-41, 1941;  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Broncho - pneumonia, 2 days  
Due to chronic Pellagra 2 yrs.  
Senile

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. H. M. D. or other) D.  
Address Gideon, Mo. Date signed 7-14-41

RECEIVED

District Health Office No. 2,

District File Number 841-1021

Date Filed 8-14-41

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*B. J. Brentlinger*

Licensed Embalmer No.

*4201*

P. O. Address

*Deater, Missouri*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.